

What:	Rock Solid! Sports and Arts Camp
Who:	Children ages 4-12 (review tracks below for age requirements)
When:	July 23-27 2018 from 4:00 pm - 7:15 pm
Where:	Ambrose Elementary School, 27 High Street, Winchester, MA
Cost:	Until June 30*: \$70/Camper \$50/each additional sibling After June 30*: \$80/Camper \$60/each additional sibling * Postmarked by these dates
Tracks Offered:	<ul style="list-style-type: none"> ➤ <u>Sports Sampler</u> – ages 4-5 (skill and movement activities) ➤ <u>Arts Sampler</u>-ages 4-5 (art, dance, and music) ➤ <u>Art</u> – ages 6-12 ➤ <u>Soccer</u> – ages 6-12 ➤ <u>Basketball</u> – ages 8-12 ➤ <u>Running</u>- Ages 6-12

About the HCC Sports and Arts Camp

Rock Solid is the theme for this year's camp. In addition to developing skills in sports and arts, campers will learn about what it takes to be **Rock Solid** as they pursue their goals on a team, in school, or at home. Mix together songs, group instruction, lessons from athletes and artists, and stories from God's Word and what do you get? You get a week of learning new skills, having fun, making friends, and learning how to have a **Rock Solid** relationship with God! Campers will receive a camp shirt, daily snacks, and a booklet that reviews what is taught each day.

All staff are trained and have passed CORI and SORI background checks. They are committed to serving the campers with dedication and Christ's love. If you have any questions contact Steve at steve@hopechristianchurch.org. Scholarship aid is available if needed.



The Lord is my rock and my fortress and my deliverer, my God, my rock, in whom I take refuge, my shield, and the horn of my salvation, my stronghold.

Psalm 18:2



REGISTRATION AND PAYMENT

ONLINE: Go to hopechristianchurch.org and click on the Sports/Arts Camp banner to register.

BY MAIL: Go to hopechristianchurch.org and click on the Sports/Arts Camp banner. Download the registration forms. Return page 2 and 3 with immunization records, a physician signed copy of physical exam (an exam within the last 24 months) and check (payable to Hope Christian Church) to 58 Mt. Vernon St, Winchester, MA 01890.

Registration form table with fields: Child Name, Age, Grade (last), Birth date, Circle One M F, Address, City, State, Zip, Home Phone, Cell or Daytime Phone, Email Address, Parent(s) or Guardian Name, Emergency Contact & Phone #, Church Affiliation, Allergies and/or Health Issues, For Office Use Only (Paid: Cash / Check #, Form signed, Entered on roster).

SELECT 1st CHOICE:

- ARTS SAMPLER (ages 4-5), SOCCER (ages 6-12), BASKETBALL(ages 8-12), ART (ages 6-12), SPORTS SAMPLER (ages 4-5), RUNNING (ages 6-12)

SELECT 2nd CHOICE :

- ARTS SAMPLER (ages 4-5), SOCCER (ages 6-12), BASKETBALL(ages 8-12), ART (ages 6-12), SPORTS SAMPLER (ages 4-5), RUNNING (ages 6-12)

CHOOSE SHIRT SIZE: YS YM YL AS AM AL AXL

MEDICAL AND LIABILITY RELEASE

No activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, I am responsible to instruct the child named below about the importance of conduct which will insure safety and an enjoyable time while participating in the Sports and Arts Camp.

I give my permission for the use by the sponsoring organizations of any photo or likeness of the child named below in promotional materials.

I give (enter name of child) permission to participate in the Sports and Arts Camp, and give my permission to the leaders of the Sports and Arts Camp to authorize any treatment deemed necessary by a licensed physician due to accident or illness during the Sports and Arts Camp.

Parent/Guardian

Signature: _____ Date: _____

CAMPER HEALTH HISTORY FORM

NAME : _____ BIRTHDATE: ____|____|____ Male/Female
 Last First Middle

HOME ADDRESS: _____

PARENT/GUARDIAN NAME: _____ Home Phone: _____

ADDRESS: _____ Cell Phone: _____

EMERGENCY CONTACT NAME: _____ PHONE _____

NAME OF FAMILY PHYSICIAN _____ PHONE _____

NAME OF FAMILY DENTIST _____ PHONE _____

ALLERGIES

To medication _____

Seasonal _____ Bee Stings _____ Other _____ Food _____

Have you ever had or do you now have any of the following?

	Yes	No		Yes	No		Yes	No
Anemia or other blood disease	<input type="checkbox"/>	<input type="checkbox"/>	Eye disease/Wear glasses	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Bone or joint disease	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease/Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Lung disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Heat Exhaustion/Heat Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease	<input type="checkbox"/>	<input type="checkbox"/>
Any Chronic disease	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Intestinal trouble	<input type="checkbox"/>	<input type="checkbox"/>
Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Major trauma, multiple injuries	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes/Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	Unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>
Ear disease	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	Other serious illness	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/Seizure	<input type="checkbox"/>	<input type="checkbox"/>	Psychological problems	<input type="checkbox"/>	<input type="checkbox"/>	Other medical problems	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all YES answers _____

Medications to be taken at Camp

If a camper brings a prescribed medication from home, a written authorization is needed to administer the medication signed by a parent or guardian. Medications MUST be in the original packaging/bottle that identifies the name of the medication, dosage, frequency of administration. Parent must include a note for all non-prescription meds.

Please list ALL medications being brought to camp. _____

PHYSICAL EXAM

A physician signed copy of a physical exam (within the last 24 months) must be submitted

IMMUNIZATIONS

A physician signed documentation of the required immunizations must be submitted. (MD signed computer printouts and/or lab results are acceptable)

- (1) **A Measles, Mumps and Rubella (MMR) Vaccine Two (2) injections REQUIRED**
- (2) **Polio Vaccine** A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) is required. If a mixed (IVP/OPV) schedule was used, four doses are required.
- (3) **Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** A minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. Booster of Td is required if it has been more than ten years since the last of dose of DTaP/DTP/DT/Td.
- (4) **Hepatitis B:** For all children born on or after January 1, 1992, three doses of Hepatitis B are required. *Laboratory (blood test) evidence of immunity is acceptable.*